## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERTAL NO (1)40

FILING DATE

CLAIMS

|                        | AC ETIEN    |                  | AFTER  |  | AFTER                     |                  |
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| 80<br>81   |              | <del>├</del>                                     | <del>                                     </del> | +  | <b></b>     |                           |  |
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| <del></del>  |              | BASKIT-AND                                       |  | Daily at 1 to 10                                 |             | 70,000                    |  |
|  | ļ            | 109) 100<br>2003                                 |  |  | 1.          |                           |  |
|  |              |  | لــــــــــــــــــا                             | - Nº 4   |             |                           |  |